



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**NUR**

FOR DIVISION USE ONLY

**Board of Nursing**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Email: [BoardOfNursing@Alaska.Gov](mailto:BoardOfNursing@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfNursing](http://ProfessionalLicense.Alaska.Gov/BoardOfNursing)

**Authorization to Prescribe and Dispense**

**Legend Drugs and Controlled Substances**

In addition to the legend drug prescriptive authority authorized in 12 AAC 44.440, the board will, in its discretion, authorize an Advanced Practice Registered Nurse to prescribe and dispense Schedule II – V controlled substances in accordance with the applicable state and federal laws, in accordance with 12 AAC 44.445 and .447.

Submit copies of the certificates of attendance for 15 contact hours of advanced education obtained during the past two years. If the course was not specifically a pharmacology course, include an outline of the course which identifies the section relevant to pharmacology. Practitioners who are recent graduates may use a copy of their transcript, which shows a pharmacology course in the last two years.

If you hold an active DEA registration valid to use in any state or practice location you are required to submit proof of 2 contact hours in pain management and opioid use and addiction, completed within the two years preceding the date of the application, in accordance with 12 AAC 44.445.

Registration with the Prescription Drug Monitoring Program (PDMP) is required within 30 days of obtaining controlled substance prescriptive authority or a DEA registration number, whichever is later. If you have a DEA registration number and only legend drug prescriptive authority in Alaska, then you do not need to register with the PDMP. For more information, please visit [PDMP.Alaska.Gov](http://PDMP.Alaska.Gov)

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Prescriptive Authority Fee – Legend Drugs ONLY (PDMP not required)	<b>\$100.00</b>
	<input type="checkbox"/> Prescriptive Authority Fee – Controlled Substances ONLY (Legend Authority already held)	<b>\$100.00</b>
	<input type="checkbox"/> Prescriptive Authority Fee – Controlled Substances AND Legend Drugs	<b>\$200.00</b>

**PART II Personal Information**

<b>Full Legal Name:</b>			
<b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
<b>AK APRN License Number:</b>		<input type="checkbox"/> <i>Application in Process</i>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip

## PART II Personal Information (continued)

Contact Phone:		Date of Birth:	
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

## PART III DEA Registration and PDMP Acknowledgment

1. Providers applying for legend drug prescriptive authority *only* do not need to register or comply with PDMP requirements (Skip to Part IV). Providers applying for controlled substance prescriptive authority are required to register with the PDMP. **Do you have a DEA Registration number?**

- a. **NO**, I do not currently have an active DEA registration number valid to use in any state or practice location. I understand if I obtain a DEA registration number, I must register with the Alaska PDMP within 30 days as required by the board. I will comply with mandatory use and refer to all applicable authorizing statutes and regulations.
- b. **YES**, I have an active DEA registration number valid to use in any state or practice location. I understand I must register with the Alaska PDMP within 30 days of receiving this authorization to prescribe, as required by the board, and will comply with mandatory use as required by AS 17.30.200 and 12 AAC 40.967.
- I acknowledge I must review a patient's prescription history prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

*If you're unsure of the DEA issue date, indicate January 1st of the estimated year.*

DEA Registration Number:	Issue Date:	Expiration Date:

2. **Providers who directly dispense a federally scheduled II - IV controlled substance are required to report daily. Do you plan to directly dispense?** Directly dispense means you deliver the substance directly to the user. Writing a prescription for a patient to fill at a pharmacy is NOT direct dispensing.

*Reporting does not apply to you if you directly dispense an outpatient supply of 24-hours or less in practice locations exempt under AS 17.30.200(t). Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, inpatient pharmacies, and emergency departments.*

*Per AS 11.71.900(8) "dispense" means to deliver a controlled substance to an ultimate user or research subject by or under the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery; "dispenser" means a practitioner who dispenses.*

- a. **YES**, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- b. **NO**, I do not plan to directly dispense and acknowledge that if I begin directly dispensing, I must report daily. (If you are not directly dispensing, the reporting criteria do not apply to you.)



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**Notary Signature Page**

**PART IV Notarized Signature**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that if information is provided in the Criminal History Report from the State of Alaska or FBI that I did not report, my license may be subject to disciplinary action. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



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State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (fine, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
1. Credit Card Number: _____	All 3 fields <b>MUST</b> be completed!  This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	